

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application Number:: 10/619,496

Filing Date:: July 16, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: **SYSTEM AND METHOD FOR MANAGING  
BUSINESS CONTINUITY**

Attorney Docket Number:: 72167.000410

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?::

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Jodi
Middle Name::	
Family Name::	BRESLIN
Name Suffix::	
City of Residence::	Great Neck
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	9 Schenck Avenue
Street of Mailing Address::	Apt. 3 G
City of Mailing Address::	Great Neck
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	11021

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Graham
Middle Name::	
Family Name::	deGOTTAL
Name Suffix::	
City of Residence::	Readington
State or Province of Residence::	NJ
Country of Residence::	US
Street of Mailing Address::	203 Low Court
Street of Mailing Address::	

City of Mailing Address:: Readington  
State or Province of Mailing Address:: NJ  
Country of Mailing Address : US  
Postal or Zip Code of Mailing Address:: 08872

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Evelyn  
Middle Name::  
Family Name:: BORGIA  
Name Suffix::  
City of Residence:: Hauppauge  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: P.O. Box 5105  
Street of Mailing Address::  
City of Mailing Address:: Hauppauge  
State or Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 11788

**Correspondence Information**

Correspondence Customer No.: 21967  
Telephone Number:: 202-955-1500  
Facsimile Number:: 202-778-2201  
E-Mail Address:: patdcdoCKET@hunton.com

**Representative Information**

Representative Customer Number:: 21967

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/396,179	07/16/2002

**Foreign Priority Information**

Country:	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: JPMorgan Chase Bank, N.A..  
Street of Mailing Address:: 270 Park Avenue  
Street of Mailing Address::  
City of Mailing Address:: New York  
State of Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 10036